

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Dissolution without Children

**In Re the Marriage of:**

\_\_\_\_\_  
Name of Petitioner

and

**Affidavit of Service by Mail**

\_\_\_\_\_  
Name of Respondent

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where Affidavit signed)

I, \_\_\_\_\_, being sworn, state that I am at least 18 years of age having been born on \_\_\_\_\_, and that on \_\_\_\_\_, \_\_\_\_\_, I served the following papers: \_\_\_\_\_

(list all papers mailed to the other party)

by placing in an envelope a true and correct copy of each document addressed to \_\_\_\_\_ at \_\_\_\_\_ in the City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_ and depositing the envelope, with sufficient postage, in the United States Mail at the Post Office located in the City of \_\_\_\_\_ in the State of \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Who Mailed Documents

*(Sign only in front of notary public or court administrator.)*

Name: \_\_\_\_\_

Sworn/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator